

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

POLIO

VACCINES TO PREVENT POLIOMYELITIS

The purpose of this resolution is to revise the previous resolution to incorporate current recommendations on the use of polio vaccines.

VFC resolution 10/98-2 is hereby repealed and replaced by the following:

Eligible Groups

All children who are 6 weeks of age through 18 years.

Recommended Polio Vaccine Schedule

The routine schedule for polio vaccination is:

<u>Age</u>	<u>Vaccine</u>
2 months	IPV
4 months	IPV
6-18 months	IPV
4-6 years	IPV

The first dose of polio vaccine series may be given as early as 6 weeks of age.
The fourth dose of IPV is not recommended if the third dose is administered on or after the fourth birthday.

Catch-Up Vaccination
The ACIP recommends catch-up vaccination of previously unvaccinated children and adolescents.

Administration of Oral Polio Vaccine (OPV)
OPV can be used only for the following circumstances: mass vaccination campaigns to control outbreaks of paralytic polio; unvaccinated children who will be traveling in less than four weeks to areas where polio is endemic; people with a life threatening allergy to the antibiotics neomycin, streptomycin, or polymyxin B; people who have had a life threatening allergic reaction to a dose of IPV; and children of parents who do not accept the recommended number of vaccine injections. These children may receive OPV only for the third or fourth dose or both. (*OPV should be administered only after discussion of the risks of vaccine-associated paralytic poliomyelitis with parents or caregivers.*)

Recommended Dosage Intervals

The recommended interval between doses is 8 weeks for IPV and OPV .
However, 4 weeks is acceptable for an accelerated immunization schedule.

Recommended Dosages

Refer to product package inserts.

Inactivated Polio Vaccine Contraindications and Precautions

The following conditions are contraindications to the administration of IPV vaccine:

1. **Allergy to vaccine component**
Persons who have had anaphylactic reactions to topically or systemically administered streptomycin, neomycin or polymyxin B should not receive IPV.
2. **Moderate or severe illnesses with or without fever**

The following condition is a precaution to administration of inactivated polio vaccine (IPV):

1. **Pregnancy**
It is prudent on theoretical grounds to avoid vaccinating pregnant women with IPV vaccine. However, if immediate protection against poliomyelitis is needed, IPV may be administered.

Oral Polio Vaccine Contraindications and Precautions

The following conditions are contraindications to the administration of OPV vaccine:

1. **In persons who have experienced an anaphylactic reaction to a previous dose of OPV.**
2. **Moderate or severe illnesses with or without fever**
3. **Altered immune status**
Altered immune status due to: malignant condition (blood dyscrasia, leukemia, lymphoma, or other neoplasms

affecting the bone marrow or lymphatic system); primary or acquired immune deficiency, including acquired immunodeficiency syndrome (AIDS) or other clinical manifestations of HIV infection, cellular immunodeficiencies, hypogammaglobulinemia, and dysgammaglobulinemia; family history of congenital or hereditary immunodeficiency, unless immune competence of possible vaccine recipient is demonstrated; and individuals receiving immunosuppressive therapy.

4. **Persons with HIV infection**

Although OPV has not been harmful when administered to asymptomatic HIV-infected children, IPV is the vaccine of choice for a child who is known to be HIV infected. Testing for HIV-infection of asymptomatic children is not necessary before decisions regarding immunization with polio vaccine are made.

5. **Presence of Immunodeficient household contacts**

OPV should not be used for immunization of household contacts of immunodeficient patients; IPV is recommended.

6. **Steroid therapy**

Receiving doses of systemic prednisone or equivalent at a dose of ≥ 2 mg/kg of body weight per day or 20 mg/day.

The following condition is a precaution to the administration of OPV vaccine:

1. **Pregnancy**

It is prudent on theoretical grounds to avoid vaccinating pregnant women with OPV vaccine. However, if immediate protection against poliomyelitis is needed, IPV may be administered.

Adopted and Effective: February 17, 2000